

NOTE: Districts are required to report this information in summary form to NJDOE on Form MIS010040698. A school may substitute or supplement this form with a locally designed form.

School: _____ Incident No. _____

Time of Incident (app.): _____ : _____ am pm Date of Incident: ____/____/____

Location: cafeteria _____ classroom _____ corridor _____ other inside school _____ school grounds _____ bus _____ other outside _____

VANDALISM, VIOLENCE, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

1998-99

Section I

Number of first-time offenders in this incident:_____ (if unknown, count as '1').

Indicate the type of incident (Check as many as apply.)

1. VANDALISM	2. VIOLENCE	3. WEAPONS	4. SUBSTANCE ABUSE
a) _____ Arson b) _____ Burglary c) _____ Damage to Property d) _____ Fireworks Offense e) _____ Theft f) _____ Trespassing	a) _____ Simple Assault b) _____ Aggravated Assault c) _____ Fight d) _____ Gang Fight e) _____ Robbery f) _____ Extortion g) _____ Sex Offense h) _____ Other Violence Offense	a) _____ Bomb Offense* b) _____ Possession of Firearm* c) _____ Assault with a Firearm* d) _____ Assault with other Weapon* *Complete Section III e) _____ Possession of other Weapon f) _____ Sale or Transfer of Weapon	<div> <div>alcohol</div> <div>marijuana</div> <div>other</div> </div> a) Use <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> b) Possession <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> c) Distribution <div> <div>_____</div> <div>_____</div> <div>_____</div> </div>
Check if: this was a bias incident. _____ victim was a member of district or contracted staff. _____	Check if: this was a bias incident. _____ victim was a member of district or contracted staff. _____	Check if: for incident in 3 (a-f) this was a bias incident. _____ victim was a member of district or contracted staff. _____	

Estimated Cost of Vandalism: \$

Description of Incident.

Action Taken (Check as many as apply.) <div style="display: flex; justify-content: space-between;"> <div> 1. _____ complaint filed with police _____ police notified (no complaint filed) </div> <div> 2. _____ expulsion* _____ removal to alternative program* </div> <div> _____ in-school suspension _____ out-of-school suspension _____ other action </div> </div> <p>*Complete Section II</p>						NOTES:
Person completing this form (school employee only) <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;"><i>Signature</i></div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;"><i>Title</i></div> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-right: 50px;"> <div style="text-align: center; margin-right: 10px;">_____/_____/_____ <i>Date</i></div> </div>						
Reviewed by principal (signature): _____ <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;"><i>Signature</i></div> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-right: 50px;"> <div style="text-align: center; margin-right: 10px;">_____/_____/_____ <i>Date</i></div> </div>						